

## Montgomery County Board of Elections Election Worker Program 18753 N. Frederick Avenue, #210 Gaithersburg, MD 20879

PERMISSION SLIP (for workers under 18 years
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Date:			

Dear Parent/Guardian,

Your child has applied to serve as an election worker for Montgomery County. Children under 18 years of age (on Election Day) are required to have parental permission to serve. Your signature below gives consent for your child to participate in this vital, civic program. Please review the following expectations of service with your child so that this will be a fulfilling and successful experience. Election workers agree to:

- Complete all required training (which includes online reading and quiz and an in-person class),
- Protect the integrity and security of the election process,
- Follow all rules and procedures presented in training and provided by Board of Elections staff,
- No cell phone or electronic device usage while serving at a voting site,
- Dress in appropriate "Business Casual" attire and
- Arrive and depart at the times specified for the position selected (see our website for complete position descriptions):
  - ❖ Voting Operations/Bilingual Judge (VOP/SPN) 6:00 am − 11:00 pm (or dismissed by Chief Judge)
  - ❖ Voting Operations Judge-A (VOP-A) 6:00 am 3:00 pm
  - ❖ Voting Operations Judge-B (VOP-B) − 2:00 pm − 11:00 pm (or dismissed by Chief Judge)
  - ❖ Election Night Support (ENS) 7:30 pm 12:30 am (next day)
  - ❖ Early Voting Judge (EVVOP/EVSPN) PRIMARY 9:00 am − 9:00 pm GENERAL 7:00 am − 9:00 pm
  - ❖ Early Voting Judge-A (EVVOP-A) PRIMARY 9:00 am − 3:00 pm GENERAL 7:00 am − 3:00 pm
  - ❖ Early Voting Judge-B (EVVOP-B) PRIMARY 3:00 pm 9:00 pm GENERAL 1:00 pm 9:00 pm

Your child has the option of receiving Student Service Learning (SSL) credits or being paid a stipend for their service. To receive payment, your child's social security number must be entered on their online application or provided online as an update to their Personal Data, using the EJ Connection.

Print Child's Full Legal Name	/	Child's Date of Birth
	/	
Print Parent's Name		Sign Parent's Name

HP: \_\_\_\_\_ SSL: circle ( Y / N ) Date SSN Received: \_\_